

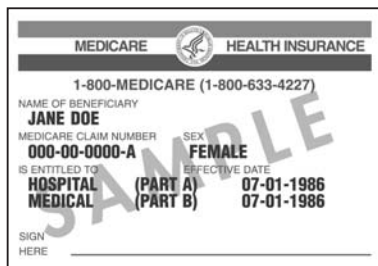
IF YOU WANT TO KNOW MORE

Original Medicare



What is the Original Medicare Plan?

The Original Medicare Plan* is a “fee-for-service” plan. This means you are usually charged a fee for each health care service or supply you get. This plan, managed by the Federal Government, is available nationwide. If you are in the Original Medicare Plan, you use your red, white, and blue Medicare card when you get health care.



If you are happy getting your health care through the Original Medicare Plan, you don't have to change to another Medicare health plan. You will stay in the Original Medicare Plan unless you choose to join another type of Medicare health plan.

How Does the Original Medicare Plan Work?

- You may go to any doctor or specialist who accepts Medicare and is accepting new Medicare patients, or to any hospital or other facility. Generally, a fee is charged each time you get a health care service.
- If you have Medicare Part A, you get all the Part A-covered services. (See [Medicare Program Basics](#).)
- If you have Medicare Part B, you get all the Part B-covered services. You usually pay a monthly premium for Part B.
- You pay a set amount for your health care (deductible*) before Medicare pays its part. Then, Medicare pays its share, and you pay your share (coinsurance or copayment*).
- After you get a health care service, each month you get a [Medicare Summary Notice](#)* in the mail. This notice is sent by companies that handle bills for

Medicare. The notice lists the details of the services you received and the amount you may be billed.

Your Costs in the Original Medicare Plan

What you pay out of pocket depends on:

- whether you have Part A and/or Part B (most people have both).
- whether your doctor or supplier accepts “assignment*”.
- how often you need health care.
- what type of health care you need.
- whether you choose to get services or supplies not covered by Medicare. In this case, you would pay for these services yourself.
- whether you have other health insurance coverage.

Medicare doesn't cover all of your costs for health care. There are many types of coverage that may pay for some or all of the costs not covered by Medicare, including:

- Coverage for employees and/or retirees from an employer or union.
- [Medigap Insurance](#)*, also known as [Medicare Supplement Insurance](#), from a private insurance company.

If you can't afford to pay for Medicare premiums, deductibles, or co-payments or coinsurance, there are programs, such as [Medicare Savings Programs](#)*, that can help.

What Isn't Paid for by Medicare Part A and Part B in the Original Medicare Plan?

In most cases, Medicare does **not** cover:

- Custodial care*
- Deductible, coinsurance, or co-payments
- Dental care and dentures
- Cosmetic surgery
- Acupuncture

- Health care while traveling outside the U.S.
- Hearing aids and hearing exams (screening)
- Routine eye care and most eyeglasses
- Long-term care*, such as non-skilled care in a nursing home (most nursing home care is non-skilled care, such as help with dressing, bathing, or eating, and is **not** covered by Medicare)

What is “Assignment” in the Original Medicare Plan and Why is it Important?

Health care providers must submit claims to Medicare. The **Centers for Medicare & Medicaid Services (CMS)** works with private companies, called Medicare contractors to process these claims.

For most services, Medicare sets a limit on the amount your health care providers can charge. Doctors and suppliers who always accept the Medicare-approved amount as payment in full (called “accepting assignment”) are said to participate in Medicare. If your provider does not accept assignment, you may have to pay more and/or pay at the time of service.

What is a Medigap Policy?

The Original Medicare Plan pays for many health care services and supplies, but it doesn’t pay all of your health care costs. There are costs that you must pay, like coinsurance, copayments, and deductibles. These costs are called “gaps” in Medicare coverage. You might want to consider buying a Medigap policy to cover these gaps in Medicare coverage. (See **Medigap** and **Other Supplemental Insurance** for more information.)

How Does the Original Medicare Plan Work with a Medigap Policy?

- You may go to any doctor or specialist (unless you buy a Medicare SELECT* policy). Medicare pays its share, and then your Medigap policy pays its share. What your Medigap policy covers depends on which plan (A–L) you buy. However, Medigap policies generally cover coinsurance, copayments and deductibles.
- You pay your monthly Medicare Part B premium, and you pay the insurance company a monthly premium for your Medigap policy.
- After you get a health care service, each month you will get a **Medicare Summary Notice** in the mail and your Medigap insurance company will send you information on what it paid on your behalf.

What if I Have a Limited Income and Can’t Afford a Medigap Policy?

There are other types of programs that might help you pay costs Medicare doesn’t cover. (See **Medigap** and **Other Supplemental Insurance** for more information.)



What is a Medicare Prescription Drug Plan?

Beginning January 1, 2006, new Medicare prescription drug plans will be available to people with Medicare. (See **Medicare Prescription Drug Coverage** for more information.)

How Does the Original Medicare Plan Work with a Medicare Prescription Drug Plan?

- You pay a separate monthly premium for your prescription drug plan.
- You pay a share of your prescription drug costs, and your plan pays a share.
- Medicare pays your plan a monthly amount to help pay for your prescription drug coverage.
- You get a prescription card from your Medicare prescription drug plan. Show it when you get your prescriptions filled.
- You must go to pharmacies that belong to the plan.

What if I Have a Limited Income and Can’t Afford a Medicare Prescription Drug Plan?

People with Medicare and Medicaid, and other people with limited incomes and resources can qualify for help paying their Medicare prescription drug plan costs. (See **Help with Medicare Prescription Drug Plan Costs** for more details.)

These materials were prepared in March 2005 by the Centers for Medicare & Medicaid Services. They are intended for training purposes only and are not legal documents.

**Definition can be found in the glossary.*